STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Dakota

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge Deduct.	Coins.	Copay.	Amount and Basis for Determination
Physician Office Visit (M.D. or D.O.)			X	$2.00 per visit* Excluded Recipients: 1. All individuals under 21 years of age; 2. Pregnant women; 3. Inpatients of any medical institutions if Medicaid recipients are required to spend all income for the cost of care except personal needs allowances. Excluded Services: 1. Emergency services 2. Family planning services

* The standard co-payment is based on the average payment per physician office visit for the calendar year 1992. The average payment per office visit is $31.72. This average rate allows North Dakota to impose a $2 co-payment on all visits in accordance with 42 CFR 447.54 and 55.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NORTH DAKOTA

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge: Deduct.	Coins.	Copay.	Amount and Basis for Determination
Chiropractic Manipulation of the Spine			X	$1.00 per manipulation of the spine* Excluded Recipients: 1. All individuals under 21 years of age; 2. Pregnant women; 3. Inpatients of any medical institutions if Medicaid recipients are required to spend all income for the cost of care except personal needs allowances. Excluded Services: 1. Emergency services

* The standard co-payment is based on the average payment for a manipulation of the spine for the period July 1, 1994 through April 30, 1995. The average payment per manipulation is $11.40. This average rate allows North Dakota to impose a $1 co-payment on visits in accordance with 42 CFR 447.54 and 55.

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State: NORTH DAKOTA

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge: Deduct.	Coins.	Copay.	Amount and Basis for Determination
Dental Visit			X	$2.00 per visit that includes an examination* Excluded Recipients: 1. All individuals under 21 years of age; 2. Pregnant women; 3. Inpatients of any medical institutions if Medicaid recipients are required to spend all income for the cost of care except personal needs allowances. Excluded Services: 1. Emergency services

* The standard co-payment is based on the average payment for a dental visit that includes an oral examination for the period July 1, 1994 through April 30, 1995. The average payment per visit is $28.32. This average rate allows North Dakota to impose a $2 co-payment on visits in accordance with 42 CFR 447.54 and 55.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NORTH DAKOTA

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge: Deduct.	Coins.	Copay.	Amount and Basis for Determination
Federally Qualified Health Center (FQHC)			X	$2.00 per visit* Excluded Recipients: 1. All individuals under 21 years of age; 2. Pregnant women; 3. Inpatients of any medical institutions if Medicaid recipients are required to spend all income for the cost of care except personal needs allowances. Excluded Services: 1. Emergency services 2. Family planning services

* The standard co-payment is based on the average payment per visit to a FQHC for the period July 1, 1994 through April 30, 1995. The average payment per visit is $63.78. This average rate allows North Dakota to impose a $2 co-payment on visits in accordance with 42 CFR 447.54 and 55.

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State: NORTH DAKOTA

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge: Deduct.	Coins.	Copay.	Amount and Basis for Determination
Rural Health Clinic			X	$2.00 per visit* Excluded Recipients: 1. All individuals under 21 years of age; 2. Pregnant women; 3. Inpatients of any medical institutions if Medicaid recipients are required to spend all income for the cost of care except personal needs allowances. Excluded Services: 1. Emergency services 2. Family planning services

* The standard co-payment is based on the average payment per visit to a Rural Health Clinic for the period July 1, 1994 through April 30, 1995. The average payment per visit is $52.75. This average rate allows North Dakota to impose a $2 co-payment on visits in accordance with 42 CFR 447.54 and 55.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NORTH DAKOTA

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge: Deduct.	Coins.	Copay.	Amount and Basis for Determination
General inpatient Hospital Services including distinct part psychiatric and rehabilitation units			X	$50.00 per inpatient stay* Excluded Recipients: 1. All individuals under 21 years of age; 2. Pregnant women; 3. Inpatients of any medical institutions if Medicaid recipients are required to spend all income for the cost of care except personal needs allowances. Excluded Services: 1. Emergency services 2. Family planning services

* Federal regulations at 42 CFR 447.54(c) limits the co-payment for institutional services that does not exceed 50 percent of the payment made for the first day of care. General acute care hospitals are paid on a DRG basis. We calculated the lowest payment per day by taking the lowest base rate times the relative rate for the lowest rated DRG and divided that amount by the average length of stay. This DRG was for a normal newborn and the average cost per day is $169.09. Fifty percent of that amount is $84.55. Therefore, the co-payment of $50 is less than the maximum that could be established for this co-payment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NORTH DAKOTA

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge Deduct.	Coins.	Copay.	Amount and Basis for Determination
Outpatient Hospital Services			X	$3.00 per month per hospital* Recipient is responsible to pay a $3.00 co-payment for each initial calendar month visit to each individual general hospital. Excluded Recipients: 1. All individuals under 21 years of age; 2. Pregnant women; and 3. Inpatient of any medical institution if Medicaid recipients are required to spend all income for the cost of care except personal needs allowances; Excluded Services: 1. Emergency services; and 2. Family Planning services

* The standard co-payment is based on the average payment for an outpatient hospital visit for the period July 1, 1994 through April 30, 1995. The average payment per visit is $60.84. This average rate allows North Dakota to impose a $3 co-payment in accordance with 42 CFR 447.54 and 55.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NORTH DAKOTA

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge Deduct.	Coins.	Copay.	Amount and Basis for Determination
Nonemergency visit to the hospital emergency room			X	$3 per visit Excluded Recipients: 1. All individuals under 21 years of age 2. Pregnant women 3. Inpatients of any medical institution if Medicaid recipients are required to spend all income for the cost of care except personal needs allowance Excluded Services: 1. Emergency services as documented by the hospital 2. Family Planning services

* The copayment is based on the average payment per outpatient hospital visit for the period January 1, 2000 through July 31, 2000. The average payment for this service was $97. The average rate allows North Dakota to impose a $3 copayment on all visits in accordance with 42 CFR 447.54 and 55.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Dakota

B. The method used to collect cost sharing charges for categorically needy individuals:

[X] **Providers are responsible for collecting the cost sharing charges from individuals.**

[ ] **The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.**

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Providers may request recipients to pay the co-payment at the time of the visit or may bill for the service at a later date. Recipients who inform providers that they are unable to pay the co-payment cannot be refused services because they are unable to make payment. Recipients do have an obligation and are liable for the co-payment and are expected to make payment. If a recipient regularly fails to pay the co-payment, a provider may exclude the recipient from their practice.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Dakota

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

All providers have been instructed regarding which segment of the Medicaid population is subject to the co-payment and which services are exempt. Provider may also inquire on our toll free VERIFY system to determine who is subject to the co-payment.

1) Individuals under 21 - MMIS is programmed to exclude all individuals under 21 from having the co-payment applied when a claim is submitted for payment.
2) Pregnant women - MMIS is programmed to exclude all women who have been identified as being pregnant when a claim is submitted for payment.
3) Institutionalized recipients - MMIS is programmed to exclude an individual with a living arrangement that identifies the recipient as having only personal needs allowance for income when a bill is submitted for payment.
4) Family planning - The system will exempt any visit in which the provider indicates on the claim form that the service was family planning related.
5) Emergency services - All procedure codes relating to emergency services are exempt when a claim is submitted for payment.

E. Cumulative maximums on charges:

[X] **State policy does not provide for cumulative maximums.**

[ ] **Cumulative maximums have been established as described below:**